



SEEML Inc.

Return via email to sales@seeml.com or fax to 864-233-6589

CONFIDENTIAL CREDIT APPLICATION

Billing Information

Company name			Tax ID #	
Address				
City	State	Zip	Phone	
Billing contact	Phone	Email		
Charge to credit card #	Exp Date		PO Required Yes / No	

Reporting Information (check if same as Billing Information)

Referred method for receiving reports	Fax	Email	laiM	
Report contact	Phone	Email		
Address				
City	State	Zip	Fax	

Company Information

Business form	Corporation	Partnership	Sole Proprietorship	State incorporated in:
Type of Business	In Business Since:			
Website	D&B#			
Names of Owners, Partners, or corporate officers				
Name	Title	Phone		
Name	Title	Phone		
Name	Title	Phone		

References

Company	Company	Company
Account	Account	Account
Contact	Contact	Contact
Address	Address	Address
Phone	Phone	Phone
Fax	Fax	Fax
Bank name		
Checking Account #	Contact Name	Phone
Address		

Applicant hereby authorizes the release of credit and banking information. Standard payment terms are net 15. Accounts not paid within 30 days can be subject to interest charges. Should it be necessary to collect on account, the prevailing party shall, in addition to all of the rights at law, be entitled to recover its reasonable attorneys' fees and costs, as a court may determine.

Signature

Name (Printed)

Title

Date